



Ovals must be filled in completely. Example: If any line shows a loss, mark an X in box at left of the line.

Schedule C Massachusetts Profit or Loss from Business

2015

FIRST NAME M.I. LAST NAME

BUSINESS NAME

MAIN BUSINESS OR PROFESSION, INCLUDING PRODUCT OR SERVICE

ADDRESS

CITY/TOWN/POST OFFICE STATE ZIP + 4

SOCIAL SECURITY NUMBER OF PROPRIETOR

EMPLOYER IDENTIFICATION NUMBER (if any)

PRINCIPAL BUSINESS CODE (from U.S. Schedule C)

NUMBER OF EMPLOYEES

Accounting Method: Cash Accrual
 Other (specify) _____

Did you materially participate in the operation of this business during 2015? (If "no," see line 33 instructions) Yes No

Did you claim the small business exemption from the sales tax on purchases of taxable energy or heating fuel during 2015? Yes No

Exclude interest (other than from Massachusetts banks) and dividends from lines 1 and 4 and enter such amount in line 32 and in Schedule B, line 3.

Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, fill in here:

1	a. Gross receipts or sales	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	
	b. Returns and allowances	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	
				a - b = 1	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	
2	Cost of goods sold and/or operations (Schedule C-1, line 8)										00
3	Gross profit. Subtract line 2 from line 1										00
4	Other income. Do not include interest income (other than from Mass. banks) and dividends										00
5	Total income. Add line 3 and line 4										00
6	Advertising										00
7	Bad debts from sales or services										00
8	Car and truck expenses										00
9	Commissions and fees										00
10	Depletion										00
11	Depreciation and Section 179 deduction										00
12	Employee benefit programs (other than in line 17)										00
13	Insurance (other than health)										00
14	Interest:										
	a. mortgage interest paid to financial institutions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	
	b. other interest	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	
				a + b = 14	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	
15	Legal and professional services										00
16	Office expense										00
17	Pension and profit-sharing plans										00

▼ If showing a loss, mark an X in box at left

